Medicare Coverage and Coronavirus

Original Medicare-covered services related to coronavirus include:

Coronavirus testing

- Your doctor can bill Medicare for this test beginning April 1, 2020 for testing provided after February 4, 2020. You will owe nothing for the laboratory test and related provider visits (no deductible, coinsurance, or copayment). This applies to both Original Medicare and Medicare Advantage Plans.

COVID-19 antibody treatment

- Medicare covers monoclonal antibodies to treat COVID-19. You will owe no cost-sharing (deducible, coinsurance, or copayment).

Telehealth benefits

- A telehealth service is a full visit with your doctor using video technology. During the public health emergency, Medicare covers hospital and doctors' office visits, mental health counseling, preventive health screenings, and other visits via telehealth for all people with Medicare. You can access these benefits at home or in health care settings. You may owe standard cost-sharing (like a coinsurance or copayment) for these services but contact your provider to learn more. If you have a Medicare Advantage Plan, contact your plan to learn about its costs and coverage.

Prescription refills

- If you want to refill your prescriptions early so that you have extra medication on hand, contact your Part D drug plan. Your plan should remove restrictions that stop you from refilling most prescriptions too soon.
- During the emergency, all Medicare Advantage and Part D plans must cover up to a 90-day supply of a drug when you ask for it. However, plans cannot provide a 90-day supply of a drug if it has certain restrictions on the amount that can be safely provided. These restrictions are called safety edits, and they commonly apply to opioids.

Medicare also covers other medically necessary services, such as inpatient and outpatient hospital care or skilled nursing facility (SNF) care.

If you think you are being discharged from a hospital or SNF too soon, you can appeal that decision. Call your State Health Insurance Assistance Program (SHIP) for help. Contact information for your SHIP is on the next page.

Medicare Advantage Plans must cover everything that Original Medicare does, but they can do so with different costs and restrictions.

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How to access care during a public health emergency

During a public health emergency, Medicare Advantage and Part D plans must work to maintain access to health care services and prescription drugs.

Medicare Advantage Plans must:

- Allow you to receive health care services at out-of-network doctor's offices, hospitals, and other facilities
- Charge in-network cost-sharing amounts for services received out-of-network
- Waive referral requirements
- Suspend rules requiring you to tell the plan before getting certain kinds of care or prescription drugs, if failing to contact the plan ahead of time could raise costs or limit access to care

Part D plans must:

- Cover formulary Part D drugs filled at out-of-network pharmacies
    - Part D plans must do this when you cannot be expected to get covered Part D drugs at an in-network pharmacy
- Cover the maximum supply of your refill at your request

Contact your State Health Insurance Assistance Program (SHIP) if you need help understanding what Medicare covers and how to access care.

Local SHIP contact information	
SHIP toll-free:	1-888-875-9229
SHIP email:	
SHIP website:	hawaiiship.org
To find a SHIP in another state: Call 877-839-2675 or visit www.shiptacenter.org	

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